

**THIS FORM NEEDS TO BE FILLED OUT ONLY
IF YOU WANT TO DEFER YOUR TAXES**

**APPLICATION FOR DEFERRAL
TOWN OF DARIEN
Town Ordinance/Chapter 70**

ASSESSMENT YEAR: 2019

Last Name	First Name & Middle Initial	Social Security #
BIRTHDATE_____		

Spouse's Last Name	First name and middle initial	Social Security #
BIRTHDATE_____		

Does spouse live at the same address? Yes___ No___

Present address_____

Phone #_____

Qualifying income_____

Do you have a Reverse Mortgage? Yes ___ No___

Does your bank pay the property tax? Yes ___ No___

(Total income per Federal Income Tax Return, Tax Exempt Interest, Social Security and other Non-taxable income for calendar year)

Please attached copies of Income Tax Return and SS-1099 for the previous year.

SWORN AFFIDAVIT

The above named applicant deposes and swears that the above statements are true and complete and claims tax deferral under provisions of Chapter 70 of the Code of Ordinances of the Town of Darien. The applicant understands that a lien will be filed in the Darien land records for an indefinite period of time. This lien will be filed in the amount of the deferred taxes and interest, as calculated by the annual interest rate defined by the Board of Finance, that remain outstanding as of June 30th for the tax billing cycle ending.

Town of Darien, County of Fairfield

Signature of Applicant

Date

Signature of Assessor or Staff

Date